

FEC FORM 2
STATEMENT OF CANDIDACY

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17 MAR -1 PM 4:14

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION
2017 MAR -1 AM 9:20

1. (a) Name of Candidate (in full)

Dr. Ann Marie Adams

(b) Address (number and street)

239 Old Farms Road #15B

(c) City, State, and ZIP Code

Avon, CT 06001

2. FEC Candidate Identification Number

3. Is This
Statement

☒ New
(N)

OR

☐ Amended
(A)

4. Party Affiliation

Democrat

5. Office Sought

U.S. Senate

6. State & District of Candidate

CT 5th Congressional District

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Dr. Ann Marie Adams for U.S. Senate

(b) Address (number and street)

239 Old Farms Road 15B

(c) City, State, and ZIP Code

Avon, CT 06001

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

The Committee to Elect Dr. Ann Marie Adams to Congress

(b) Address (number and street)

15 Lewis Street, Suite 302

(c) City, State, and ZIP Code

Hartford, CT 06106

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

Date

2-2-2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.



Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

FEDERAL
ELECTION
COMMISSION
PUBLIC AFFAIRS
DIVISION

2017 MAR -1 AM 9:20



20463-

204

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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2-2-17
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Postmark

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USPS EXPRESS MAIL _____
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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

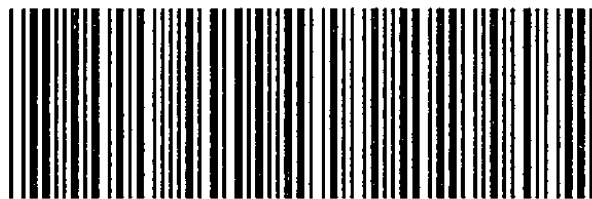
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